



AUSTRALIAN LOWLINE CATTLE ASSOCIATION
Application for Lifestyle Membership

Membership Name/s _____

Full name of the person to be recorded as the nominee of the partnership/company (if applicable)

Property Address _____

Town/City _____

State _____

Country _____

Postcode _____

Phone _____

Mobile _____

Email _____

Website _____

If the above details are not your preferred membership contacts, please list extra details below:

Contact Name _____

Phone _____

Email _____

Is your property address the same as your postal? YES / NO

If NO, please complete details below:

Address _____

Town/City _____

State _____

Country _____

Postcode _____

HERD INFORMATION

MEMBER ID: series of 3 letters that represent your herd, for example, *JJS*. This will form the basis of any animal's idents that are bred into your membership and the first 3 characters of your tattoo eg *JJSM001*.

Please supply three preferences, listed in your preferred order:

1. _____ 2. _____ 3. _____

Please note - If your preferred Member ID is not available, an alternative ID will be provided.

HERD PREFIX: The name of your herd, maximum of 20 characters including spaces eg Best Black Cows. This will preface the name of any calves that you breed and record on the ALCA database eg Best Black Cows Queen Bea.

Please supply three preferences for your herd Prefix, listed in your preferred order:

1. _____ 2. _____ 3. _____



AUSTRALIAN LOWLINE CATTLE ASSOCIATION
Application for Lifestyle Membership

FULL MEMBERSHIP FEE (per financial year excl GST)

Membership Fee: \$100.00

Establishment Fee (once off fee): \$75.00

TOTAL FEE DUE -

Australian Member (inc GST): \$192.50

International Member (excl GST): \$175.00

I wish to pay by:

EFT

Cheque (payable to Australian Lowline Cattle Association)

BANK ACCOUNT DETAILS:

National Australia Bank

Account Name: Australian Lowline Cattle Association

BSB – 082 407

ACCOUNT NO. – 45 349 8710

Reference: *Your Name*

I/We, the undersigned, apply for membership of the Australian Lowline Cattle Association (ALCA) and agree to abide by the Constitution, Rules & Regulations and adhere to the Code of Ethics.

I/We consent to ALCA using my personal details in accordance with the ALCA Privacy Policy.

I/We certify that the details shown on this form are correct and that I/we have the appropriate authority to sign this application on behalf of the member name applied for.

Signature _____ Date ____/____/____

Signature _____ Date ____/____/____

Please return completed form to Australian Lowline Cattle Association by

Email (if paying by EFT): office@lowlinecattleassoc.com.au

OR

Post (if paying with cheque) : Australian Lowline Cattle Association, C/- ABRI, University of New England, ARMIDALE, NSW 2351